



IDENTIFICATION REQUEST

Priority:	Lot Number:
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Date Submitted:	Number of Specimens:
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Date Needed:	Specimen Disposition: <input type="checkbox"/> Return <input type="checkbox"/> Keep/Discard
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Submitter's Reference Number:	Tentative Identification:
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Name:

Address:

Level of Identification Requested:
 Family Genus Species

Host:

Reason for Identification:

- A – Biological Control
- B – Damaging Crop/Plants
- C – Suspected Pest of Regulatory Concern
- D – Stored Product Pest
- E – Livestock, Wildlife, or Domestic Animal Pest
- F – Danger to Human Health
- G – Household Pest
- H – Possible Immigrant
- I – Reference Collection
- J – Survey
- K – Thesis Problem
- L – Other (elaborate below)

Telephone:

FAX:

E-mail:

Affiliation:

<input type="checkbox"/> APHIS/PPQ	<input type="checkbox"/> Private Individual
<input type="checkbox"/> ARS	<input type="checkbox"/> Other Federal (US)
<input type="checkbox"/> CICP	<input type="checkbox"/> Other State Agency
<input type="checkbox"/> Commercial Organization	<input type="checkbox"/> Private University
<input type="checkbox"/> US Department of Defense	<input type="checkbox"/> State Agriculture Agency
<input type="checkbox"/> Foreign	<input type="checkbox"/> State University
<input type="checkbox"/> US Forest Service	

Project Support:

APHIS/PPQ ARS DOI EPA FAO FS Hatch NIH NRCS NSF USAID Other

Collecting Permits:

Required Not Required If required, please submit copies with specimens.

Project Description:

Remarks:



Communications & Taxonomic Services Unit – Systematic Entomology Laboratory
 Building 005 – Room 137 – BARC-West
 10300 Baltimore Avenue – Beltsville – Maryland – 20705



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